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MEDTRONIC LAW DEPARTMENT - CONFIDENTIAL

Attention: Mail Stop Issue Fee
Company: United States Patent and Trademark Office
Telephone: 703-308-6789
Facsimile: 703-872-9306
Application No.: 09/843,638
Filing Date: April 26, 2001

From: Anna M. Nelson, Esq.
Telephone: 763-505-0409
Facsimile: 763-505-0411
Our Ref. No.: 9596.00US

Date: March 14, 2004
Pages (including cover page): 4

Comments: Enclosed are the following documents:
☒ Transmittal Letter
☒ Form PTOL-85 - Part B
☒ Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

Anna M. Nelson, Esq.
Reg.: 48,935

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PATENT
Docket No.: P-9596.00US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Scott J. Davis et al.
Application No.: 09/843,638
Filing Date: April 26, 2001
For: Implantable Therapy Delivery element Adjustable Anchor

Group Art Unit: 3762
Examiner: Kristen Droesch Mullen
Due Date:

CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on March 14, 2005.


Jodi Nickel

TRANSMITTAL LETTER

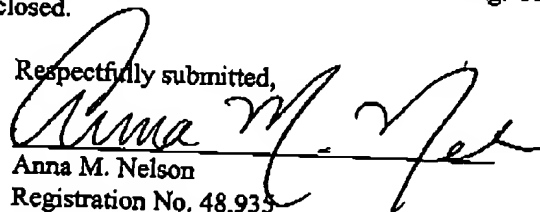
Mail Stop: Issue Fee
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Alexandria, VA 22313-1450

Enclosed for filing in the above-identified application are:

- ☒ Transmittal Letter
- ☒ Form PTOL-85 - Part B
- ☒ Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees
- ☒ Please charge Deposit Account No. 13-2546 \$1,400.00 for Issue Fee, \$300.00 for Publication Fee and \$1700.00 for a total of \$1700.00.
- ☒ Please charge any additional fees or credit any overpayments to Deposit Account No. 13-2546, which may have been overlooked on this Transmittal Letter with regard to this filing. A duplicate of this transmittal letter is enclosed.

Date: March 14, 2005

Respectfully submitted,


Anna M. Nelson
Registration No. 48,935
MEDTRONIC, INC.
710 Medtronic Parkway N.E., M.S.: LC340
Minneapolis, Minnesota 55432-5604
Telephone: 763-505-0405 / Facsimile: 763-505-0411
Customer No.: 27581

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27561 7590 12/15/2004

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

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JODI NICKEL (Depositor's name)
[Signature] (Signature)
March 19, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/843,638	04/26/2001	Scott J. Davis	P-9596.00	9208

TITLE OF INVENTION: IMPLANTABLE THERAPY DELIVERY ELEMENT ADJUSTABLE ANCHOR

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/15/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
MULLEN, KRISTEN DROESCH	3762	607-002000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kethm Campbell
Medtronic, Inc.
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MEDTRONIC, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MINNEAPOLIS, MN USAPlease check the appropriate assigner category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 65-2446 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature

Anna M. NelsonDate March 14 2005

Typed or printed name

Anna M. NelsonRegistration No. 48,935

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